

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155291		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/10/2012	
NAME OF PROVIDER OR SUPPLIER  EAGLE VALLEY MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 3017 VALLEY FARMS RD INDIANAPOLIS, IN 46214			
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F0000	<p>This visit was for the Investigation of Complaint IN00106874.</p> <p>Complaint IN00106874 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157.</p> <p>Survey Dates: 5/9/12 and 5/10/12</p> <p>Facility Number: 000188 Provider Number: 155291 AIM Number: 100266310</p> <p>Survey Team: Heather Lay, RN - TC Melanie Strycker, RN</p> <p>Census Bed Type: SNF: 9 SNF/NF: 98 Total: 107</p> <p>Census Payor Type: Medicare: 20 Medicaid: 69 Other: 18 Total: 107</p> <p>Sample: 04</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>		F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. <b>This event occurred prior to the compliance date of March 23, 2012 where the facility did correct the system as evidenced by a re-visit survey on 04/10/12 where the ISDH found the facility to be in compliance.</b> This provider respectfully requests that the 2567L Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review in lieu of a Post Survey revisit on or after June 01, 2012.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/29/2012

FORM APPROVED

OMB NO. 0938-0391

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	Quality review completed on May 14, 2012, by Bev Faulkner, RN						

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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to notify a resident's legal representative of two significant changes in the resident's condition. The deficient practice impacted 1 of 1 residents</p>		F0157	It is the practice of this facility to immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member		06/01/2012	

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	<p>reviewed for lack of notification for significant change in a sample of 4 residents. [Resident B]</p> <p>Findings include:</p> <p>On 5/9/12 at 1:25 P.M., Resident B's record was reviewed. Diagnoses included, but were not limited to, diabetes mellitus type II, insomnia, peripheral vascular disease, kidney disease, osteoarthritis, hyperlipidemia, left heel stage III pressure ulcer, and dementia.</p> <p>A "Minimum Data Set" screening, dated 1/18/12, included, but was not limited to, "Brief Interview Mental Status: 3 [severe impairment]... Ambulation: 3/2 [extensive assist of one staff member], Eating: 3/2 [extensive assist of one staff member]..."</p> <p>"Resident Progress Notes," dated 1/25/12 at 12:29 P.M., included, but was not limited to, "Resident [B] presents with increased somnolence, head down sleeping in wheelchair. Resident not as alert or verbally responsive to staff interactions.... presents with noted decreased activity level... has not ambulated self in wheelchair as in prior assessment... M.D. notified... new order to decrease Haldol [anti-psychotic that can cause lethargy]... family notified..."</p>		<p>when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in 483.12 (a). This facility will also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in roommate assignment as specified in 483.15 (e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b) (1) of this section. This facility will record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> -Resident B no longer resides at the facility. <b>How will you identify other residents having the potential to be</b></p>				

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	<p>Resident B's progress notes from 1/26/12 to 2/10/12 indicated the resident was up for meals, easily awoken, and alert and oriented to person after a change in medications.</p> <p>"Resident Progress Notes," dated 2/11/12 at 10:23 P.M., included, but was not limited to, "All medications held related to resident [Resident B] being very lethargic this shift [2-10 P.M.]. Has slept all shift. Will continue to monitor..."</p> <p>Documentation related to the notification of Resident B's legal representative regarding change in condition on 2/11/12, was not found.</p> <p>A "Medication Administration Record," dated 2/1/12 through 2/29/12, indicated all medications were held for 2/11/12. No doses were marked as given for 2/11/12.</p> <p>"Resident Progress Notes," dated 2/12/12 at 3:30 P.M., included, but was not limited to, "Resident has two open areas [new areas] to bottom... Will continue to monitor..."</p> <p>Documentation of the notification of Resident B's legal representative regarding new open areas identified on 2/12/12, was not found.</p>			<p><b>affected by the same deficient practice and what corrective action will be taken?</b></p> <p>-Residents residing in the facility have the potential to be affected by the alleged deficient practice.</p> <p>-Residents' family will be notified of any change in condition. <b>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</b></p> <p>-The Staff Development Coordinator will re-educate licensed nurses on Resident Change in Condition by 05/29/12.</p> <p>-The interdisciplinary team/nursing supervisor will review progress notes and physician orders daily to ensure that family has been notified of any new physician orders and changes in condition. If family and physician are not notified appropriate action will be taken.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <p>-A Change in Condition CQI tool will be utilized weekly times four weeks, monthly times three months, and then quarterly thereafter. -Data Collected will be submitted to the CQI committee for review. If threshold of 100% is not achieved, an action plan will be developed. Completion Date: June 1, 2012</p>			

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	<p>On 5/9/12 at 3:20 P.M., notification of Resident B's legal representative or family member and the facility policy and procedure on notification of significant change was requested from the Executive Director.</p> <p>On 5/10/12 at 4:15 P.M., in an interview, the Executive Director indicated she could not provide documentation of family notification of Resident B's new open areas identified on 2/12/12; however she would provide a written statement regarding notification of Resident B's lethargy on 2/11/12.</p> <p>On 5/10/12 at 4:30 P.M., the Executive Director provided a written statement from LPN #1 regarding family notification of change of condition.</p> <p>The written statement, dated 5/10/12, no time, included, but was not limited to, "On 2/7/12 [Resident B] was very lethargic on my 2-10 [P.M.] shift. Medications were held because it was unsafe to give. M.D. notified and daughter..."</p> <p>The notification in question was for 2/11/12, not 2/7/12. The facility was unable to provide documentation of notification of Resident B's legal</p>						

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	<p>representative or family regarding a significant change on 2/11/12 and did not provide documentation of legal representative or family notification of new open areas on 2/12/12.</p> <p>2. On 5/10/12 at 9:30 A.M., in an interview, the Executive Director provided a copy of the facility's policy and procedure on "Resident Change of Condition," dated 3/10.</p> <p>The "Resident Change of Condition," dated 3/10, included, but was not limited to, "Policy: It is policy of this facility that all changes in resident condition will be communicated to the physician and family/responsible party, and that appropriate, timely, and effective intervention occurs... Acute Medical Change: The responsible party will be notified that there has been a change in the resident's condition and what steps are being taken... Routine Medical Change: The nurse in charge is responsible for notification of physician and family/responsible party prior to end of assigned shift when a significant change in the resident's condition is noted..."</p> <p>This Federal tag relates to Complaint IN00106874.</p> <p>3.1-5(a)(2)</p>						

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